

Employer Data Base Update Form

CERTIFYING OFFICER INFORMATION:

Location # _____

Location Name _____

Name: _____

Title: _____

Street Address: _____

PO Box: _____

City/State: _____

Zip Code: _____

Phone #: _____

Fax #: _____

Email Address: _____

CORRECTIONS/ADDITIONS:

/ _____

/ _____

/ _____

/ _____

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/ _____

/ _____

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/ _____

PERSONNEL LIAISON INFORMATION:

Name: _____

/ _____

Title: _____

/ _____

Phone #: _____

/ _____

Fax #: _____

/ _____

Email Address: _____

/ _____

Signature of Certifying Officer:

CERTIFYING OFFICER REGISTRATION FORM

Please complete this form and return by mail or fax.

Certifying Officer

Name: _____ Pension Membership Number: _____

E-mail Address: _____

Phone Number: (_____) _____ Official Title: _____
Area Code

=====

Employing Entity

Name: _____

Address: _____

City State Zip Code

New Jersey

If you administer more than one pension fund, list each fund's location number separately.

Location Number: _____

MAIL THIS FORM TO:
DIVISION OF PENSIONS AND BENEFITS
EMPLOYER EDUCATION UNIT
PO BOX 295
TRENTON, NJ 08625-0295

OR FAX TO:
EMPLOYER EDUCATION UNIT
(609) 777-1779

SECURITY OFFICER REGISTRATION FORM

Please complete this form and return by mail or fax.

Security Officer

Name: _____ Pension Membership Number: _____

E-mail Address: _____

Phone Number: (_____) _____ Official Title: _____
Area Code

=====

Employing Entity

Name: _____

If you administer more than one pension fund, list each fund's location number separately.

Location Number: _____

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Certifying Officer's Signature _____ Date: _____

By signing this form I do hereby authorize the above named individual, on behalf of myself and the employer I represent, to act as Security Officer for the purpose of administering access to the Employer Pensions and Benefits Information Connection (EPIC).

MAIL THIS FORM TO:
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